

Fall Newsletter

November 2020

President's Message

Dear AAHAM Friends and Colleagues:

This unparalleled year of 2020 has seen changes to both our professional and personal lives. The pandemic continues to produce challenges and stress for each of us in different ways such as being separated from family and friends, working remotely, or becoming teachers at home to our children.

We have all had to make many adjustments and adopt new routines that will remain part of who we are and what we do for the unforeseeable future.

AAHAM Western Reserve, as with all other organizations and companies, has had to evolve into the virtual world. With our webinars in June and September, and our upcoming Holiday webinar on December 4th, our goal is to continue to provide information and education to our members.



Western Reserve Chapter

Upcoming Agenda

Western Reserve Chapter's Holiday Meeting & Fundraising Event

Attend this year's **FREE** Virtual Meeting

A donation of \$10.00 or greater qualifies you for entry into a raffle as well as the opportunity to win door prizes.

Enter for a chance to win!!

Upon registering for this event held December 4th, 2020 you will receive information on how you can donate and be entered into the raffle.

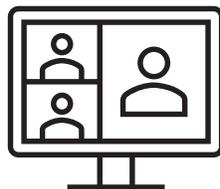
All proceeds raised will be matched by our chapter and donated to our local Cleveland & Akron Food Banks.



Speakers for this Meeting

Julie Hall, Principal & Consultant with Integrated Revenue Integrity
Discussing the 2021 Medicare OPPS Final Rule

Kyle Sherseth, Vice President of Advisory Service with nThrive
Discussing the Latest Updates on Pricing Transparency



[CLICK HERE TO REGISTER](#)

It is now more critical than ever to maintain your AAHAM membership and make use of your AAHAM networks at both the National and Chapter levels. Your membership offers a unique network providing resources, and the availability to reach out to others within the healthcare community for both information and support.

Amongst all of this chaos, I have seen compassion, sacrifices, and a strength in people that has been inspiring. My hope is that when this pandemic is over, whether we return to what we once considered to be a normal way of life or not, that we as a community continue to be stronger and compassionate towards each other.

Together we will persevere.

Sincerely,
Marcie Carek



AAHAM Western Reserve President

Advocacy Update

Kenny Koerner
AAHAM 2nd Vice President
National Office

Your AAHAM Government Relations Committee and Patient Financial Advocate Task Force have been extremely busy working on behalf of our AAHAM members.

Here is a summary of some of the items that AAHAM is actively engaging and advocating on to ensure our members are not negatively impacted by any proposed legislation.

Pricing Transparency

- AAHAM submitted letters to members of Congress asking for a 24-month delay for the pricing transparency legislation. We know that AAHAM member providers have been stretched thin both financially and operationally with the COVID-19 pandemic and adding this burden to our members just isn't useful at this time.
- In addition to the request for the delay of this regulation, AAHAM has also been working with key Congressional office members on language that supports President Trump's option of requiring insurance companies to provide price estimates. Ultimately, AAHAM thinks this provides the best outcome for our patients in being able to receive an estimate for services that includes their insurance benefits to get them a true out of pocket expense for the service. The AAHAM Government Relations Committee monitors this item daily.

Surprise Billing

- AAHAM continues to meet with key Congressional offices to push for the arbitration model within the proposed Surprise Billing legislation which we feel is much fairer for our providers than an arbitrary fee schedule model.
- AAHAM has been monitoring discussions between the White House and Congress as there were talks of including surprise billing in the next stimulus package. In the past weeks, President Trump has made it known that he would like to get surprise billing requirements in the next stimulus package. AAHAM has continued to have discussions with key Congressional offices to ensure that if this does proceed, our recommended arbitration model is what is utilized within the stimulus package.

FCC Advisory Group on robocalls to hospitals

- AAHAM was 1 of only 3 provider groups to be selected to participate on the FCC Hospital Robocall Protection Group when Richard (Rich) Lovich, AAHAM Legal Counsel, was named to this committee. This is an advisory committee that will be developing best practices on how voice service providers can better combat unlawful robocalls made to hospitals. AAHAM will continue to keep our membership current with this group's accomplishments.

Chapter Officers

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This is an item that many revenue cycle providers may not be aware of.

The high volume of these incoming robocalls negatively affect a hospital's switchboard and is an issue that AAHAM is proud to represent our membership in trying to alleviate this strain on hospital operations.

OPPS proposed rule

- AAHAM is monitoring some proposed bills related to 340B and will reach out to Congress to advocate on behalf of providers as appropriate. AAHAM is also formulating comments to be made on the OPPS proposed rule that includes a decrease in the payment rate for 340B for providers. The proposed rate is ASP-34.7% with a 6% add-on amount for overhead and handling costs for a net proposed rate of ASP-28.7% for separately payable drugs or biologicals that are acquired through the 340B Program. AAHAM will continue to comment on behalf of our membership to fight to maintain payments that our member providers rely on to continue operations moving forward.

Healthcare Debt Collection Legislation

- AAHAM submitted a letter to key Congressional members this week communicating what a great service our member collection agencies and early out agencies provide to our healthcare providers and their patients. Legislation has been recently presented that would prohibit the collection of healthcare debt for certain periods of time post the COVID-19 pandemic. This would be detrimental to our hospitals and our collection agencies and early out agencies. AAHAM's letter to Congress highlighted the many benefits our AAHAM members communicate to our patients including financial assistance, ensuring insurance benefits are applied correctly, identification of programs and grants to help offset the costs of their service, etc. AAHAM will continue to advocate on behalf of our member organizations.
- AAHAM has begun a new round of meetings with congressional staff on this issue as a preventive strike to this prohibitive language being included in any final stimulus deal.

Patient Financial Advocate Task Force

- The Patient Financial Advocate Task Force created a letter that was submitted on behalf of AAHAM to the Consumer Financial Protection Bureau regarding a survey they are sending asking for information on a proposed model notice for collection activities. AAHAM communicated the complexities of healthcare billing within this letter and we asked that those differences with healthcare debt be considered with any requirements deliberated.

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Speaking of Advocacy....

Did you know that our 2nd Vice President of AAHAM Kenny Koerner is also a Patient Financial Advocate Task Force chairperson?

AAHAM recently announced the formation of a National Patient Financial Advocate Task Force. Since that time, one of our top priorities has been the creation of a Patient Financial Advocate Pledge. This Pledge embodies the standards and principles that we feel our AAHAM early out and third-party collection agency members personify when contacting patients regarding out-of-pocket healthcare costs.

The Pledge epitomizes our N.I.C.E. promise for the patient experience. Below is a list of Task Force member business partners that have already signed on to this Pledge, and now proudly display this Pledge in their place of business as an affirmation as to how they communicate with each individual healthcare patient. They each now also utilize the AAHAM Patient Financial Advocate Seal on outgoing communications to indicate their commitment to these standards. AAHAM is asking each of our member business partners that collect healthcare debt in one fashion or another, to commit to the Patient Financial Advocate Pledge and to the N.I.C.E. promise during each patient experience.

This is our opportunity to show our patients that we care and are there to support them. AAHAM urges all of our partners to join with us in this effort by supporting the Pledge and applying for the Seal. This Pledge and Seal are an opportunity for all of us to show our real value to our patients. It's an opportunity for us to stand together with a unified voice and let the public know we do care and want to assist our patients with understanding their healthcare billing.

This Pledge and Seal will set you apart from others in the industry who choose not to support this mission and its goals. This Pledge can and should be displayed in your business. When clients are looking around at firms to do business with, will they choose someone supporting an industry standard or someone who doesn't? This Pledge and Seal in addition to being a calling card to a patient that you are there to support them, it's your calling card for new opportunities.

Want to apply for your Advocate Seal?



Email ken.koerner@cghmc.com stating your organization abides by the Pledge and that you are applying for the Seal.

Upon review of your acknowledgement that your organization operates within the standards of the Pledge, AAHAM will email you the Patient Advocate Seal.

AAHAM Membership

Becoming a member of AAHAM puts a world of revenue cycle experts and information at your fingertips. AAHAM members can network with experienced revenue cycle professionals who have faced many of the same challenges they face every day. For a cost of less than a dollar a day, AAHAM membership is the best investment you can make in your career!

Get real answers to real world issues such as:

- Revenue cycle
- Revenue integrity
- The latest legislation
- Admitting and registration
- Reimbursement
- Case management/denials
- Centralized scheduling
- Credit and collections
- Data management
- Compliance
- Medical records
- Managed care
- Patient relations, and much more

Who joins AAHAM?

Providers

Staff involved in the revenue cycle of any type of healthcare provider that gets reimbursed by patients, insurance companies or the government will benefit from AAHAM membership. These include:

- Hospitals
- Physician's offices
- Urgent care facilities
- Long-term care facilities
- Nursing homes
- Other providers

Thank you to Our Sponsors



Vendors

Staff of companies that provide outsourced services related to the revenue cycle to any type of provider will also benefit from AAHAM membership. These include:

- Consulting companies
- Billing companies
- Collection agencies
- Software/IT companies
- Law firms
- Other outsource vendors

Member Benefits

- A designated career laddering program to maximize your knowledge and learning potential through AAHAM's certification designations.
- Exclusive invitation and pricing to the AAHAM's Annual National Institute (ANI) known for excellence in education, value, and networking.
- Annual Legislative Day brings you face-to-face with the decision-makers in Washington who determine the outcome of our industry's top legislative priorities.
- Timely educational webinars are offered on industry hot topics by well-respected and knowledgeable speakers.
- Invitation to an active scholarship and awards program.

Enhance Your Career - network with your peers via the:

Joining AAHAM helps you to gain an edge by being kept up-to-date on the most recent developments in your local area and providing you with a great chance to network with others in your area who are facing many of the same problems and obstacles that you face.

Thank you to Our Sponsors

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RECOVERY**

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NATIONAL COLLECTIONS

Patient Financial Services in a Post COVID-19 World

**Lyman Sornberger, Principal
Lyman Healthcare Solutions
September 2020**

This ship has sailed and if in revenue cycle you are scared of your shadow now, wait until you see the ghost of the future in 2021 with COVID-19. The financial losses from the COVID-19 pandemic are not just being felt today but will also have extreme effects on hospital revenues and revenue cycle management well into the future.

Without a doubt, COVID-19 has upended the U.S. health care system.

The impact is far reaching and includes nonclinical workforces shifting to work from home models and virtual communication with patients has exploded. In spite of unemployment reaching all-time highs, there is also a shortage of personal in the Patient Financial Services (PFS) sector. Many in the industry feel the desire to get back to how things were, the term normal is often used to describe this former state. However, many aspects of the historical PFS business model are the very things that have left providers vulnerable to the crippling impact of the pandemic.

Moving forward, providers will need to create a "New Normal" in the PFS arena. The new PFS model will require providers to assess and embrace the positive transformations that have been introduced because of COVID-19 and make them policy then assess those activities that have been discontinued and abort them entirely.

The traditional PFS model of inhouse or outsourcing may no longer be applicable for the future and will in all likelihood be ill equipped to respond to the huge demand ahead. This is an opportunity for providers to use this unprecedented environment to correct what hasn't worked and create new strategies, processes, and goals. The thinking needs to shift to concepts such as process automation, account monitoring, labor savings and stronger overall management tools. Today, many providers are focusing on mitigating the financial impact of COVID-19 on their patients, staff, and overall businesses. But few have had the opportunity to strategically assess, "what comes next", and the time to do this is now.

The purpose of this article is to review the "New Normal" of Patient Financial Services. Specifically, the return of non-urgent workers, coping with the second wave of COVID-19, new technology tools, vendor relationships, and responding to health care economic recovery both operationally and to the future management of the health care delivery system. It is understandable that providers are in somewhat of a pause with a response to the COVID-19 impact with PFS. However, reality will soon set in and with it the historical RCM management scrutiny Including: cash is king, days in receivables, increasing aged AR, sky-rocketing costs, and lower patient satisfaction.

One thing that will not change is the fact that nothing happens in the PFS function without a cause and effect with continual measuring and monitoring. Before diving more deeply into the strategies let's have a quick review of the most relevant impacts on health care providers.

- Membership Directory. Available online to members only to help keep in touch with other members and vendors both locally and nationwide.
- Job Bank to assist you in searching and posting that special job.
- Unlimited networking and information exchange.
- Access to state hospital associations nationwide.
- AAHAM Member's Only Social Network.

Stay Informed - keep on top of the latest regulations and guidelines affecting patient accounting matters through AAHAM's publications:

- Subscription to Legislative Currents. Distributed via email eight times a year, to keep you up to date on legislative and governmental issues affecting our industry.
- Subscription to **The Journal of Healthcare Administrative Management**. A popular membership benefit, the Journal is issued quarterly.
- AAHAM's National News - AAHAM's monthly electronic Newsletter with timely updates and information about your association.
- eNewswatch- Our weekly issue features relevant, timely industry articles collected from the headlines.
- Discounts on Products and Services
- Seminar, meeting, and product discounts offered by the chapters and the National organization.
- Affinity discounts on credit cards, hotels, and rental cars.
- And much more!

AAHAM Certifications

Certified Revenue Cycle

Executive (CRCE) The CRCE exam is directed to the executive level staff member. The CRCE exam is the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. It is comparable to earning a CPA or passing the bar exam.

Certified Revenue Cycle

Professional (CRCP) The CRCP exam is directed to the supervisor or manager level staff member. It requires in-depth knowledge of focused functional areas of the revenue cycle.

Certified Revenue Cycle

Specialist (CRCS) This exam is directed to staff who have responsibilities in the revenue cycle with a focus on specific knowledge required in registration (front desk), billing and credit and collections.

Certified Compliance

Technician (CCT) The CCT exam is intended to meet employers' annual compliance training requirements and to support individuals with professional compliance responsibilities.

- Unemployment is now at 11% and demand will increase for evaluating the uninsured and underinsured. We spent the last few years looking at balance after insurance and now will revisit intensely those that have no coverage.
- Denials will increase, maybe not today with the sensitivity to COVID-19, but without question providers will need to have a strategy for denials management and to effectively collect every "dollar owed" for services rendered.
- Telehealth will add a whole new dynamic to Patient Financial Services, with increased denials, and audits in the near future.
- Patient collections will be a challenge with a focus on consumerism, technology, and patient sensitivity to the providers' brand.

Without question the downstream effects will be more audits and lawsuits. Today, the flood gates are open but as we all know historically that they can be abused for various reasons and often not deliberately. Does anyone remember RAC in PFS? COVID-19 could make that challenge look like nothing ever happened back then.

As responsible finance leaders we must respond to the challenges posed with COVID-19 both today and tomorrow. It begs the question with providers and partners are we tracking the pandemic challenge and more important do we as providers have a strategy to manage the future?

Today we have a crisis in healthcare responding to this particular virus with clinicals, financial, and operations. We were not prepared and do not have a resilient health care revenue cycle model to respond to today and let alone tomorrow. All said providers are not prepared for the second or third wave of COVID-19 and flu epidemic in the fall of 2020 and the first half of 2021. Couple that with the increase in the uninsured, change in health care plans, reimbursement that does not cover cost, and patient consumerism.

A few questions for your strategy to offset the clinical and financial impact:

- How automated is your self-pay management process?
- Can you efficiently and securely assign work, manage productivity, and monitor account flow?
- Can you track staff effectiveness and promote tools to enhance communications and collaboration internally and externally?
- Do you have revenue cycle analytics tools to trend key performance indicators?
- Should you revisit options with partners who provide established tools that will complement the new world of revenue cycle management?

In our immediate response we know patients avoid healthcare facilities unless absolutely necessary for clinical care. Visits are done now by smartphones, laptops, transformed hotel rooms, parking lots, sports arenas, tents, and the list goes on. Sounds pretty flexible for now and I am a fan of integration of all areas to the continuum of care for the patient's financial situation and overall wellness.

Why earn an AAHAM Certification?

AAHAM certification is an investment in your personal growth and your professional future. For over forty years, AAHAM's elite certification program has set the standard of excellence in patient financial services and the revenue cycle.

It doesn't matter whether you are new to the healthcare revenue cycle or are a seasoned veteran, our family of AAHAM certification examinations offer a complete career ladder beginning with the Certified Revenue Cycle Specialist and culminating with the Certified Revenue Cycle Executive. We have a certification that will help advance your career.

Plus, the learning doesn't stop once you have obtained certification. Our certifications are maintained through a continuous education process. This assures you stay abreast of the important changes and updates that continually occur in our rapidly changing healthcare environment.

Personal Benefits of Certification

Earning an AAHAM certification demonstrates a high level of achievement and distinguishes you as a leader and role model in the revenue cycle industry. The certification validates your proficiency and commitment to your profession and can play an integral role in your career strategy. In many instances certification may help you secure the promotion or the job you desire.

What are the facts that we are acting on today and even more so tomorrow?

The American Hospital Association estimates that hospitals are slated to lose \$300 Billion in revenue in 2020 as a result of COVID-19. As COVID-19 surges this numbers will continue to rise. Although elective services have started to resurface in certain geographic areas, it fails to cover the financial and consumerism exposure with COVID-19. The traditional top inpatient service that account for 50 percent of the total payments made to hospitals are at a 99% decrease. Add to that, patient confidence to return for these procedures is at an all-time low putting in further jeopardy this much-needed revenue stream now and after the pandemic subsides.

Healthcare providers need to re-invent their overall strategy to respond to these enormous financial losses. "Bricks and mortar" expansions are on hold, revisiting staffing models will be key, and rethinking automation options and support models will be on the front burner.

COVID-19 has placed the entire economy into a recession and not just with healthcare. According to the Urban Institute it is anticipated that 2.9 million individuals will become uninsured by the end of 2020 due to job losses related to the pandemic. Other projections have that number as high as 10 million people. Add that to the currently unemployed of 30 Million, that will result in even more Medicaid eligible beneficiaries.

This shift will not only create a dramatic financial burden but also a significant change in the providers payer mix creating more demand for different patient billing tactics. Providers are forced to rethink their management of the uninsured and underinsured, further stressing the need for technology, and third-party options.

In recent years, healthcare providers were required to place a great focus on self-pay patient accounts with high deductible plans. But the COVID-19 pandemic is forcing hospital management to revisit their self-pay strategies during the health care economic recession. Whether we hate the new phrase "new normal" or not, there is no question that health care revenue cycle will not be the same in the years to come even after COVID-19 passes. But there could be a silver lining in that we will rethink and evolve the traditional models. These new models will encourage more automation and technology, different consumerism options to patients and providers, enhanced management tools, rebound reimbursement, and a decrease in costs to offset COVID-19 losses.

Employer Benefits of Certification

Earning an AAHAM certification demonstrates an individual's expertise. It shows they possess the knowledge to meet the industry's highest standards and the capacity to pass a rigorous certification examination. It shows commitment to their profession and ongoing career development. It also represents professionalism in the individual's pursuit of excellence to quality of service in their career and the healthcare industry.

Personal Certification Affirmation

For me, obtaining an AAHAM certification was a feeling of self-acknowledgment of all that I had learned over the 30+ years through my various roles in healthcare. I had been out of the acute care hospital environment for 9 years and returned with a role as Manager of Revenue Integrity. Once I started reviewing the study manual, I realized how much knowledge I had actually retained.

A certification is also a great way to promote your worth and future potential to employers. It demonstrates your commitment to empowering yourself to be the best at your job by expanding your skills through continued education. After the exam, the study manuals are also a great reference tool in your everyday work environment. Your expertise in the Revenue Cycle will be well respected and you will become the "go to" person at your place of employment.

-Marcie Carek CRCP, CRIP
AAHAM Western Reserve Chapter President
Manager of Revenue Integrity
Crystal Clinic Orthopaedic Center

Ultimately, the "Next generation" of healthcare will require that we revisit the "old concepts" and become extensively digital systems of care, more interconnected, automated, community engaged, fiscally responsive, and more open to outside solutions. This concept is not necessarily new but because of COVID-19 it is now on "steroids" due to the clinical and financial impact. Historically with clinicals the technology has been around the "patient experience" but this virus has required us to improve the patients financial experience as well. Are you in front of that ship?

Working Smarter not harder is the new world of Revenue Cycle Management

Technology has been a part of the patient financial services process for the past two decades. For those hospitals that have chosen to insource assistance program eligibility and enrollment, technology has been used for program screening, account processing and outcome reporting. This key functionality is still important today, but to truly excel in a post COVID-19 environment additional technology must be embraced and deployed. Specifically, self-service tools will be needed to support contactless engagement models. Evolved enrollment processing capability, featuring more automation and less manual actions, will enable stretched resources to handle more accounts. Highly sophisticated management tools and reporting will need to be in place to ensure that the patient financial services team operate at the highest level of efficiency and no reimbursement opportunities are missed.

For the foreseeable future, direct contact with the patient population will be a challenge, patient financial services staff may continue to operate remotely, and contactless requirements will be in place. Self-service portals provide patients with a web application for eligibility screening and enrollment into available assistance programs.

This technology takes advantage of email, text and QR codes to optimize patient outreach and drive higher levels of engagement. It also allows patients to securely self-screen, supply application information, submit required documentation and direct message with their financial counselor. The most effective solutions are optimized for use with smartphones and tablets and can be branded with the hospital's name and logo to enhance the overall patient experience.

Core account processing tools are at the heart of the evolved PFS process. These tools are designed to quickly and accurately assess an individual's eligibility for available assistance programs and then move the account through the appropriate workflows to ensure program enrollment. To effectively handle the expected increase in uninsured patient volume, new technology will need to be leveraged across the entire eligibility and enrollment process. The most efficient enrollment process will leverage a combination of direct data input and rules-based automation to keep patient accounts moving through the process. Optimized web-browsers will allow data sharing with state-based Medicaid portals to simplify the application submission process.

Upcoming Certification Exam Dates

November 2-13, 2020
 December 15, 2020
 March 8-19, 2021
 April 15, 2021
 July 19-30, 2021
 August 16, 2021
 November 8-19, 2021
 December 15, 2021

Upcoming AAHAM National Webinars

November 11, 2020
 Finding Lost Revenue in a Cash Flow Crisis
 1:30pm- 2:30pm

December 2, 2020
 2021 CPT Updates
 1:30pm- 3:00pm

December 8, 2020
 Legislative Roundtable
 1:00pm- 2:30pm

Learn more about these webinars [here](#) !!

Upcoming Chapter Events

Super PFS Virtual Meeting hosted by AAHAM Western Reserve Chapter and Northeast Ohio HFMA

February 18, 2021

The combination of managing both the volume of self-pay patient accounts plus a team of financial counselors can be a daunting task for PFS leaders. New technology must come equipped with the most advanced management and reporting tools available in the industry. These tools will allow PFS leaders to identify potential issues before they become major problems. Solutions need to include a portfolio of standard reports which have been developed and refined through years of client engagements, plus the ability to access the raw data and create their own reports utilizing a simple interface. Typical reports include account status, final disposition, processing cycle-time, and user productivity.

The "New Normal" for Patient Financial Services will include a combination of people, processes, and technology. To be successful, revenue cycle leadership must apply all available resources, be open to new operational models and evaluate and embrace new technologies like never before. The healthcare system in this county is both resilient and flexible and I am more than confident that we will rise to the challenges from COVID-19 and form a better path forward as a result.

www.lymanhealthcaresolutions.com

Now is definitely not the time to be leaving money on the table!

So many healthcare providers are facing some very unique and dire times as a result of COVID-19—now is not the time to be leaving earned reimbursement on the table.

With Quadax, you can stop the guesswork because leveraging data to gain a competitive advantage just got easier.

Intelligence by Quadax uses the most advanced, innovative tools and cloud services to continually collect and analyze your complex revenue cycle data from disparate systems into a single source truth. You can identify contributing factors, investigate cause-effect relationships, reveal opportunities, and measure results against internal goals and industry benchmarks. Export reports or display visual representation of real-time data and analytics you can use during executive reviews or in summarization reports.

Check out this blog: [4 Challenges Facing Healthcare Providers in the COVID-19 Pandemic](#) to see how we are helping our clients (and hopefully you) mitigate these challenges.

We take a great deal of pride in the service we provide our clients and the healthcare community overall, because we're all in this together—so let's take on the revenue cycle together!

-Quadax

5 Things Healthcare Organizations Can Learn from Disney

Patti McFeely
Western Reserve Board Member
Regional Account Associate
Credit Adjustments, Inc.

Disney and healthcare are worlds apart in their products and purpose. While healthcare is largely a utilitarian service (i.e. patients need a problem to be resolved), guests visit Disney parks seeking an exciting, carefree experience. Yet, despite the differences, success can be measured similarly. What kind of experience did the guest have? If a service provider is professional, competent, and respectful, the guests' satisfaction will be manifested.

However, focusing too much on tangible or financial metrics can cause an organization to lose sight of its purpose and mission: to provide the customer with the best experience possible. Neglecting this goal could lead to a decline in financial performance.

More than ever, healthcare organizations must focus on patient-centered care. Patient satisfaction metrics will play a bigger role in reimbursements as healthcare reform progresses. Fortunately, most health systems can improve the patient experience using data and by taking a few lessons from Disney.

Learning a Patient-Centered Approach

At its parks and resorts, Disney's central focus is the guest experience, and all other metrics are manifestations of how well the company is meeting guests' expectations. This guest-centricity pervades all levels of The Walt Disney Company, from the front-line cast members (employees) to the senior leaders.

This focus must become a living, breathing part of an organization for it to be successful; simply having it as another bullet on a company mission statement will not produce the desired effects. Without this guest-centric approach, an organization may end up focusing on disparate and low-priority activities that do little to contribute to a cohesive, satisfying experience. As you read the Disney practices highlighted below, compare them with the average healthcare organization. What lessons can be gleaned?

I. Understanding the Guest

The foundation for providing a great experience starts with understanding the guest. Much of this comes from hands-on experience. The Parks and Resorts Division at Disney recruits heavily from its college program. Many of its cast members have risen through the ranks selling ice cream, running an attraction, or working in guest relations. This gives cast members an intimate knowledge of the guest experience because they interacted with them on a daily basis.

Disney's leaders speak of the value of their own day-to-day communications with guests when making decisions (e.g. operational changes, offer restrictions, etc.) and often refer back to their prior park or resort experience. In addition, Disney encourages all cast members to sign up for park shifts during peak periods, so even those far-removed employees working in corporate are able to interact with guests and see things from their perspective.

Along with the personal experiences cast members have with guests, Disney uses market research to analyze guest behavior and better understand the factors that contribute to superior satisfaction. Regular surveys are taken to understand party dynamics, travel behavior, and guests' thoughts and feelings about their experiences. With this data, Disney can track changes over time and identify the attributes that influence overall experience. There is also a significant amount of exploratory research to understand guests' reactions to modifications to park operations and attractions. This information is incorporated into the planning process and could easily stop or alter planned changes. Disney also has a tremendous amount of internal data on guests taken from past interactions and transactions. This data is used to determine contact strategy, targeted offers, vacation recommendations, and more.

Disney's "MagicBands" can provide a wealth of information about guests' transactions and interactions, including their locations at a given point in time. Whereas assumptions were previously made from a combination of surveys and internal data, Disney can now understand guest segments with a much higher degree of granularity. This greater understanding enables Disney to better identify opportunities that enhance the customer experience and provide relevant recommendations. Research at Disney isn't done just for the sake of research; it is actionable with clearly defined benefits to the guest.

2. Everyone is a Performer

Disney park cast members go beyond the official entertainment and shows. In reality, every Disney employee is a cast member and a performer, whether he is a greeter, cashier, or custodian. The performance isn't too complicated—be friendly and attentive and treat the guest with courtesy and respect while continuing job functions. Every job at Disney is a performance for the guest, and anytime a guest is within sight or earshot, cast members are on stage and must be "show-ready."

Everything about that performance should lead the guest to feeling valued, respected, and happy. This is accomplished through giving customers undivided attention, making eye contact, smiling, communicating clearly, understanding, and anticipating needs, and resolving concerns.

Imagine going to a play with no division between onstage and backstage, or whose actors broke character or carried on personal conversations with each other (e.g. discussing weekend plans or complaining about their work environment) during the performance. It would be disastrous! Why should it be different in a service setting?

3. Seeking Out Interactions

Disney employees go out of their way to actively engage and interact with customers. As a guest enters the park, he is greeted by friendly cast members who make eye contact and wish him a great day. It's common for cast members to ask if a guest is visiting for a special occasion. If so, he is often given stickers or badges to reflect the celebration. This simple visual cue provides insights into guests' motivations for visiting and allows cast members to use this information to strike up conversations and wish people well throughout their visits. Like any proper host, cast members also stand at the exits bidding farewell to guests as they leave, waving their giant Mickey hands.

A couple years ago, a feel-good story was published by the Huffington Post: A security guard at Magic Kingdom delighted a young girl dressed as a princess—he asked her to sign his autograph book as if she were a real princess. It was a simple interaction, but the effect on the girl and her family was powerful. The most impactful and positive experiences are sometimes those that guests don't expect.

4. Owning the Guest

Disney aims to reduce guests' anxiety about their vacation planning by walking them through the various phases of the vacation cycle, from booking their one-of-a-kind Disney experience to the time they arrive back home. Before a guest ever steps foot into a park or resort, information is gleaned about the reservation and traveling party so that time-appropriate information can be sent, whether on transportation options to the resorts, packing tips, or reminders to make FastPass selections and dining reservations. These efforts are largely automated and a great example of consumer insights coming together with information technology to deliver the right information through the right communication channels at the opportune time.

Upon arriving on a Disney property, guests are not passed on to someone else. When feasible, cast members escort guests to the nearby locations they are seeking, and if a resort is overbooked, arriving guests are physically "walked" (or driven in a golf cart) to another resort. This avoids any confusion about where to go. Another important aspect is encouraging employees to temporarily stop their basic duties to help guests, such as offering to take a picture for them or giving directions if they appear to be lost. The important distinction is that guests are not a burden or an interruption of work but are the entire reason for the job.

5. Measuring Achievement and Accountability

Disney has established a measurement system that actively collects feedback from guests and peer cast members in an unbiased manner. The company uses this information to celebrate the great service given by cast members via public acknowledgement and service awards. Sometimes the data also allows for benchmarking so other teams can learn from the success of teams leading the way. Conversely, dissatisfaction must be addressed with a plan for improvement, along with accountability if cast members do not follow the plan. In the case of a dissatisfied guest, there are also levels of service recovery that reasonably match the inconvenience or negative experience.

Just as the guest focus should permeate every level of an organization, all must also share accountability of the guest experience. If you ever go on a walking tour of a Walt Disney World resort with the general managers (GMs), you may notice the GMs reach down and pick up an occasional piece of discarded trash on the otherwise impeccable grounds. It's not beneath them to pick up litter, and they don't bother asking someone else to do what they could so easily do themselves. The GMs understand the purpose of their role is to deliver a great resort experience, ultimately holding themselves accountable for every aspect of that experience.

A Patient-Centered Approach to Healthcare Delivery is Possible

Making the leap from guest services to patient services shouldn't be too difficult. Yet, healthcare delivery in the United States is complicated. A myriad of forces are driving the industry to change its delivery, while simultaneously reducing costs, improving outcomes, and accommodating more patients. Although the healthcare provider-patient relationship is not a 100% consumer-driven relationship (e.g. just because a patient requests an antibiotic doesn't mean one should be prescribed), healthcare organizations can deliver a level of guest service by modeling Disney's guest-centricity. The guest-centered approach is both a philosophy and culture from which all organizational decisions should flow, firmly planted on the overarching business and financial goals.

To maximize patient satisfaction, begin by understanding the patient journey and discovering which aspects drive satisfaction and dissatisfaction. Which attributes (e.g., cost, comfort, convenience, service) do patients value most? Where are patients willing to make trade-offs? Ascertaining the answers to these questions will prioritize the strategic direction and resources to improve the patient experience.

Think in terms of qualifiers, winners, and losers. What qualifying attributes are necessary just to be competitive? What winners will put an organization over the top with positive patient experiences? What losers will offend patients and turn them away? Often the attributes that drive winners and losers aren't the same and compared to qualifiers they tend to be lower-cost and easier to manage. Just as the guest focus should permeate every level of an organization, all must also share accountability of the guest experience. The key takeaway is to not presume to know what the patient wants; find out who the patient is and what his or her wants and needs are and how best to meet them.

The application of patient-driven insight and centricity to healthcare data has the potential to revolutionize the healthcare industry in a way that greatly reduces costs and inefficiencies while providing relevant, personalized care. Such care can be accomplished by understanding the patient via data and research; ensuring that every member of the hospital team is ready to perform at all times; enabling staff to seek out interactions with patients; showing the care team how to put patients first; and finally, finding constructive ways to hold staff accountable for patient satisfaction.

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Notes from Nan.....

With the COVID pandemic, this year has brought many educational challenges for organizations and speakers. Most meetings that we have inside and outside of the workplace are in a virtual format. ZOOM has become the new generic term for a virtual call, just like Kleenex is the generic name for all tissues.

During this transition to virtual meetings, AAHAM Western Reserve was TRULY fortunate to be able to enlist the assistance of Maureen Smith, as virtual event coordinator. With Maureen's help, we hosted a successful joint event with Northeast Ohio HFMA in June and a very well-attended Fall Conference in September. We had great speaker lineups for both events and their presentations were very well received. Speakers are happy for the opportunity to be able to share important information and education virtually since travel is still restricted for most organizations. I look forward to the 2021 Fall Conference when we can meet in person, enjoy the beautiful fall weather and each other's company.

You should have received an invitation to our FREE Virtual Holiday Meeting on December 4th. I hope you and your staff members can attend to get important information about Medicare 2021 OPPS and Pricing Transparency. If you did not receive registration information, please visit the AAHAM Western Reserve website- aahamwr.org.

SAVE THE DATE!!

On February 18, 2021 we will again be partnering with Northeast Ohio HFMA for our annual SUPER PFS meeting. This will be an all-day virtual meeting with great speakers and opportunity for many CEUs. Look for registration information in December.

As usual, since we want to present timely information that is important to our members, please contact me with ideas for topics that you would like presented or contact information for a speaker that you think our members would enjoy.

Stay safe and well everyone.

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